

**Senior Farmers Market Nutrition Program - Bulk Purchase
2022 Income Eligibility Guidelines**

Number of family members:	Annual Income:
1	\$ 23,828
2	\$ 32,227
3	\$ 40,626
4	\$ 49,025
5	\$ 57,424
6	\$ 65,823
7	\$ 74,222
8	\$ 82,621
Each additional member add:	\$ 8,399

- 1) Are you 60+ years of age or do you receive SSDI? _____
- 2) Do you earn less than the income stated above? _____
- 3) Are you a Rhode Island resident? _____
- 4) Have you received less than two produce box this year? _____

If you answered “yes” to questions #1-4, you are considered eligible to receive a Senior Farmers Market Nutrition Program (SFMNP) produce box for the 2022 season. Each eligible RI residents may only receive a maximum of two produce boxes each year to ensure as many individuals as possible can benefit from this program.

Proxy: I give permission for _____
to sign, receive, and deliver the Bulk Purchase Produce Box on my
behalf as I am unable to do so myself.

Applicant Signature: _____ **Date:** _____

Applicant Phone Number or Email: _____

Agency Representative Signature: _____

Date: _____

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;**
- (2) fax: (202) 690-7442; or**
- (3) email: program.intake@usda.gov.**

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